

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 01567,509	FILING DATE 2-7-06
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2		1						
3		1						
4		1						
5		1						
6		1						
7		1						
8		3						
9		①						
10	1							
11		1						
12		1						
13		2						
14		1						
15		1						
16		1						
17		1						
18		1						
19		3						
20		①						
21		1						
22		①						
23	1							
24		1						
25		1						
26		1						
27		1						
28		1						
29		1						
30		4						
31		①						
32	1							
33		1						
34		1						
35		2						
36		1						
37		1						
38		1						
39		1						
40		1						
41		3						
42		①						
43		1						
44		①						
45	1							
46		①						
47								
48								
49								
50								
TOTAL IND.	5	↓		↓		↓		
TOTAL DEP.	52	←		←		←		
TOTAL CLAIMS	57							
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TOTAL IND.		↓		↓		↓		
TOTAL DEP.		←		←		←		
TOTAL CLAIMS								